

## **South Bend Police Methamphetamine Laboratory Occurrence Report**

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 10-16-11

Address: 611 Clinton

Case #: 11-17529

South Bend, IN

County: St. Joseph

### **Type of Laboratory Seizure (check one)**

- ☐ Operational Lab  
☒ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

### **Seizure Location (check all that apply)**

- ☒ Residence ☐ Hotel/Motel  
☐ Outbuilding ☐ Open - No Structure  
☐ Vehicle ☐ Other: \_\_\_\_\_

### **Items Found: Location (bedroom, kitchen, open air, etc)**

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): \_\_\_\_\_  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Flammable Solvents: bedroom closet  
☐ Water Reactive Metal (Lithium): \_\_\_\_\_  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☒ Hydrochloric Acid Gas Generator(s): bedroom closet  
☒ Corrosive Acid: bedroom closet  
☒ Corrosive Base: bedroom closet  
☐ Other (item and location): \_\_\_\_\_

### **Child under age 18 discovered (check one)**

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No

\*If yes, fax report to Child Protective Services

### **Investigative Information**

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☒ Other: Uniform call out

### **This report is to be faxed to the following agencies that serve the location:**

Fire Department: SBFD

Fax: 574-235-9305

Health Department: SJCID

Fax: 574-235-9497

Child Protection Service: \_\_\_\_\_

Fax: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Sgt. Michael Suth Phone 574-235-9406

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.